
By Order of the Acting Assistant Director
Stewart D. Smith, DHSc/s/

TO: IHSC Public Health Service (PHS) Commissioned Corps Officers, Civilian
Federal Employees and Contract Personnel

SUBJECT: Mid-Level Provider Peer Review

1. **PURPOSE:** This Operations Memorandum (OM) sets forth the guidance for conducting peer review for mid-level providers (MLPs) supporting the U.S. Immigration and Customs Enforcement (ICE) Health Services Corps (IHSC). MLPs include nurse practitioners and physician assistants. The primary goal of MLP peer review is to enhance the quality of care provided to IHSC patients.
2. **APPLICABILITY:** This OM applies to all IHSC MLPs assigned to IHSC supporting health care operations in IHSC controlled facilities.
3. **AUTHORITIES AND REFERENCES:**
 - 3-1. Title 8, Code of Federal Regulations, Section 235.3 ([8 CFR § 235.3](#)), Inadmissible Aliens and Expedited Removal.
 - 3-2. Section 232 of the Immigration and Nationality Act, as amended, Title 8, U.S. Code, Section 1222 ([8 USC § 1222](#)), Detention of Aliens for Physical and Mental Examination.
 - 3-3. Title 8, Code of Federal Regulations, Section 232 ([8 CFR § 232](#)), Detention of Aliens for Physical and Mental Examination.
 - 3-4. Section 322 of the Public Health Service Act, as amended, Title 42 U.S. Code, Section 249(a) ([42 USC § 249\(a\)](#)), Medical Care and Treatment of Quarantined and Detained Persons.
 - 3-5. Title 42, U.S. Code, Section 252 ([42 USC § 252](#)), Medical Examination of Aliens.
 - 3-6. Medical Quality Management Instruction; DHS Instruction Number 248-01-001 (September 10, 2012)

3-7. The Health Care Quality Improvement Act of 1986

4. **POLICY:** The clinical performance of each facility's Mid-Level providers (MLPs) will be completed annually. The Quality Improvement (QI) Coordinator will track and ensure a peer review is completed for each MLP annually. The clinical director (CD) or designee will serve as the responsible health authority and will provide clinical oversight to the MLP peer review process. The peer review process is designed to examine clinical documentation of MLPs with the goal of continuous quality improvement. For purposes of this OM, the term "peer" refers to any practitioner who possesses the same or similar knowledge and training as the MLP being reviewed. The peer reviewer may be a co-worker at that same facility, or may work at another IHSC facility.
- 4-1. Review Period: A peer review will be completed for each MLP six (6) months after hire and then annually. The reviewing MLP will complete the peer review process in accordance with procedures outlined herein. The IHSC Mid-Level Provider Peer Review Instrument (Appendix A) will be the document used to complete the peer review process.
- 4-2. Advance Notification. The MLP being reviewed will be provided advance notification 30 days prior to initiation of peer review.
- 4-3. Process Overview. The QI Coordinator will coordinate the peer review process. Each MLP will have at least ten (10) charts reviewed by a peer. Charts reviewed will include variety of patient visit types including acute, emergency, urgent care, chronic care, medical housing unit care, and health assessments.
- 4-4. Findings: Findings will be recorded on the IHSC Mid-Level Provider Peer Review Instrument (Appendix A).
- a. Determination of Findings: The MLP will be notified of completed peer review and will be provided peer review findings. The threshold for compliance will be 90 percent overall or 85 percent for any one criteria. The IHSC Mid-Level Provider Peer Review Instrument will be maintained in the credentialing file of the MLP.
 - b. Corrective Action: Corrective action refers to actions required to correct deficiencies with respect to medical knowledge or clinical skills. The peer review process will include recommendations for improvement. The threshold for compliance will be 90 percent overall or 85 percent for any one criteria. The MLP will be notified by the CD of any corrective action plan. Corrective action plan will follow the procedures outlined herein.
 - c. Unsatisfactory Findings: If peer review remains unsatisfactory after the initial corrective action process is completed, the CD or the

senior MLP will meet with the MLP to review results and determine additional training and/or supervision. Persistent unsatisfactory findings will be referred to the regional CD or the Chief MLP for further recommendations.

- d. Peer Review documents will be kept confidential in the employee files.
- e. A log or other written record listing the names of the individuals reviewed and the dates of their most recent reviews will be maintained by the QI coordinator.

5. PROCEDURES:

- 5-1.** Advance notification: The QI coordinator will notify the MLP(s) being reviewed 30 days prior to the peer review. Notification will be in writing via electronic mail.
- 5-2.** The peer reviewer will be assigned by CD or designee. The peer reviewer will randomly select completed encounters from the electronic medical record. Encounters reviewed will include acute, emergency, urgent care, chronic care, health assessments, and medical housing unit visits.
- 5-3.** The peer review results will be recorded on the IHSC Mid-Level Provider Peer Review Instrument (Appendix A).
- 5-4.** The peer review process will be completed within a 30 day period. The peer reviewer will return the completed IHSC Mid-Level Provider Peer Review Instrument document to the QI coordinator when completed. The QI coordinator will route results to the CD or senior MLP.
- 5-5.** Findings: The MLP will be notified of their completed peer review and will be provided peer review findings.
- 5-6.** Corrective Action: The IHSC Mid-Level Provider Peer Review Instrument contains recommendations for improvement. The threshold for compliance will be 90 percent overall or 85 percent for any one criteria. The MLP will be notified of any corrective action plan.
 - a. Corrective action plan process: The corrective action plan must include: 1) MLP review and written acknowledgment of the IHSC Mid-Level Provider Peer Review Instrument findings; 2) Additional training and/or supervision as indicated; 3) A repeat peer review will be performed within 3-6 months of the deficient review or may be performed sooner if deemed necessary. The repeat peer review will follow the same process.

- b. Satisfactory corrective action findings: Upon completion of the corrective action process and repeat peer review, the MLP will be notified. Documentation of successful corrective action will be maintained in the credentialing file of the MLP.
 - c. Unsatisfactory corrective action findings: If peer review remains unsatisfactory after the initial corrective action process is completed, the CD or the senior MLP will meet with the MLP to review the findings. Additional training and/or supervision will be recommended and documented. The MLP will be notified of additional training and or supervision that is recommended.
 - d. Persistent unsatisfactory findings: The CD, or designee, will implement an independent review when there is serious concern about an individual's competence. The CD will contact the Regional CD and the Chief MLP to implement this review. The independent review will assess the MLP's compliance with discipline specific and community standards and will look at trends in the clinical practice of the MLP. The review may be conducted on site or remotely as long as the reviewer has not been previously involved in the care of the patient(s) involved.
6. **HISTORICAL NOTES:** This is the first issuance published under the new Policy and Procedure System.
7. **DEFINITIONS:** Definitions for this OM are found in the IHSC Glossary located on SharePoint: [GLOSSARY FOR IHSC OFFICIAL GUIDANCE](#)
8. **APPLICABLE STANDARDS:**
- 8-1. **Performance Based National Detention Standards (PBNDS):**
PBNDS 2011: 4.3 Medical Care; BB. Administration of the Medical Department; 3. Peer Review
 - 8-2. **National Commission on Correctional Health Care (NCCHC):**
Standards for Health Services in Jails, 2014: J-C-02 Clinical Performance Enhancement

Appendix A – IHSC Mid-Level Provider Peer Review Instrument.

This is submitted as separate draft document at this time.

The IHSC Mid-Level Provider Peer Review Instrument will be kept confidential. It will incorporate the following elements: 1) The name of the individual being reviewed, 2) the date of the review, 3) the name and credentials of the reviewer, 4) a summary of the findings and corrective action, if any, and 5) confirmation that the review was shared with the individual being reviewed.